U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 499 or 440.

-	For Official Light Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	THE RESERVE OF THE PROPERTY OF			
1. File Number U - 76.3	2. Fiscal Year Covered From:			
	1 / 2004 Through: [2 / 3] / 2004			
3. Name and address of parson filing.	4. Name, file number, and address of labor organization.			
Name MARK B FUNK	Name SHeet Metal Worker L.U. = 24			
	Labor Organization File Number 578 06 9			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3035 LAMB ROAD	Street 4949 North cott Place			
City Columbus	City DAYTON			
State OH:0 21P Code +4 43219	State OHIO ZIP Code +4 45414			
Position in labor organization. Business Agent				
Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Sheet Metal Workers # 24 JATC	INDUSTRY PROMOTION WORK WEEK EDUCATION FOR TRUSTER TRAINING			
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rade Name, if any:	Rotate of Trustees			
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O. Box, Bldg., Room No., if any	Rotate of Trustees			
treet 3031 LAMB ROAD	ReimBursment for Motel, Plane 7.b. Amount.			
treet 3031 LAMB ROAD	ReimBursment for Motel, Plane			
P.O. Box, Bldg., Room No., if any street 3031 LAMB ROAD Sity Columbus Tate Ohio ZIP Code +4 43219	ReimBursment for Motel, Plane 7.b. Amount. # 1353.93/100			
treet 3031 LAMB ROAD ity Columbus ity Columbus ity Columbus ity Columbus Signature and verification. The undersigned declares, under penalty of Publication and the interest of penalty of penalty of penalty of penalty of penalty of pena	ReimBursment for Motel, Plane 7.b. Amount. 1353. 93/100 Aure erjury and other applicable penalties of the law that all of the information			
tate Ohio ZIP Code + 4 [43219]	ReimBursment for Motel, Plane 7.b. Amount. 1353. 93/100 Aure erjury and other applicable penalties of the law that all of the intermetters			

Name of Person Filling WARK B FUNK	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your lebor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	77 TO THE RESIDENCE OF THE PARTY OF THE PART
Name Sheet Metal Workers L.U. #24		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any		
Street 4949 NORTHOUT Place		
Chy DAYTON, OK, O		
State Ohio ZIP Code + 4 45414	n)	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	To the same of the
Name Sheet Metal WORKERS L. U. 21 JATO	(1) Reigonal Apprenticalip con	of communa
Trade Name, if any:	ED PODENTICE GRADUATIO	10 CERTITION OF
P.O. Box, Bldg., Room No., if any		
Street 3031 LAMB Ave	11.b. Approximate dollar value of such dealing.	
City Columizus Ohio	12.a. Nature of interest held or income received.	18/16/- 27/14
State Oh 0 ZIP Code + 4 4/32/9		Section and the section of the secti
	Annual property and the contract of the contra	
	12.b. Amount.	87.98/10
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mone	der parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	
Name	Market order one entered the polyhomore become an exercision to play 1 Here is never to entered the polyhomore become an exercision to the exercision to the polyhomore become an exercision to the polyhomore become	
Trade Name, if any:		
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P.O. Box, Bidg., Room No., if any Street		
City		
Photo in the state of the state		
ZIP Code + 4	mangle, and are see \$41, and one sequel and one manner \$141 as when a distribute the sequel section of the sect	- Mariana and Allendaria
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Service and the service and th
Form LM-30 (2003)		to Experience weapon to be a series and the Party concerns and

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